

# Schaefer Center for Public Policy - University of Baltimore

## Managing for Results - Registration Form

Course # and Date(s): \_\_\_\_\_

MFR Coordinator's Name: \_\_\_\_\_

Registration Date: \_\_\_\_\_

Coordinator's Phone Number: \_\_\_\_\_

**ALL REGISTRATIONS MUST COME THROUGH YOUR MFR COORDINATOR.**

Name of Participant ID # (Birth month/day/last 4 digits of social security number)	Agency Name and Agency Address for Participant	Telephone and Fax Number	Attended MFR 100 Prerequisite	
			Yes	No
EMAIL ADDRESS:		Telephone:  Fax:		
EMAIL ADDRESS:		Telephone:  Fax:		
EMAIL ADDRESS:		Telephone:  Fax:		
EMAIL ADDRESS:		Telephone:  Fax:		
EMAIL ADDRESS:		Telephone:  Fax:		

**Registration forms can be returned by fax to Kimberly Hall at 410/837-6175 or by email to [khall@ubalt.edu](mailto:khall@ubalt.edu)**